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| FORM  |                                |   | First Named Inventor             |                                | Mitsuo Ochi  |
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| (to be used for all correspondence after initial filling) |                                |   | Examiner N                       | ame                            | C. E. Burk   |
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| ENCLOSURES (Check all that apply)                         |                                |   |                                  |                                |  |
| Fee Transmittal Form                                      |                                | Drawing(s)  |                                  |                                | After Allowance Communication to TC  |
| Fee Attached  |                                | Licensing-related Papers  |                                  |                                | Appeal Communication to Board of Appeals and Interferences                                   |
| X Amendment/Reply   |                                | Petition  |                                  |                                | Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)                               |
| After Final   |                                | Petition to Convert to a<br>Provisional Application               |                                  |                                | Proprietary Information  |
| Affidavits/declaration(s)                                 |                                | Power of Attorney, Revocation<br>Change of Correspondence Address |                                  | on<br>Address                  | Status Letter  |
| Extension of Time Request                                 |                                | Terminal Disclaimer   |                                  |                                | Other Enclosure(s) (please Identify below):  |
| Express Abandonment Request                               |                                | Request for Refund  |                                  |                                |  |
| Information Disclosure Statement                          |                                | CD, Number of CD(s)   |                                  |                                |  |
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| Reply to Missing Parts/<br>Incomplete Application         |                                | Remarks   |                                  |                                |  |
| Reply to Missing Parts under                              |                                |   |                                  |                                |  |
|   |                                |   |                                  |                                |  |
|   |                                |   |                                  |                                |  |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT                |                                |   |                                  |                                |  |
| Firm Name   | WOLF, GREENFIELD & SACKS, P.C. |   |                                  |                                |  |
| Signature   | Herrellan                      |   |                                  |                                |  |
| Printed name  | Helen C. Lockhart              |   |                                  |                                |  |
| Date  | February 8, 2010               |   |                                  | Reg. No.                       | 39 248   |

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I hereby certify that this paper (along with any paper referred to as being standard or enclosed) is being transmitted via the Office electronic filling system in accordance with § 1.6(s)(4). Signature: Sharon R. Shyd (Sharon R. Lloyd) Dated: February 8, 2010